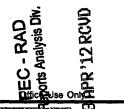
## 12030762756

## REPORT OF RECEIPTS



FORM 3	AND For			escents An					
1. NAME OF COMMITTEE (in	TYPE OR full)	PRINT ¥		ample: If typin or the lines.	g, type	12FE4M5	;	C)	
Landa	relli fa	R. C	Ngre	55	<del>                                      </del>			1 1 1 1	لــــا
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ADDRESS (number an  Check if dif than previous reported. (A	ferent LU	219 h	Palon	14016	<del></del>	<u>(MO) 1</u>	2,1,76,	<u></u>	 
2. FEC IDENTIFIC	CATION NUMBER T		CITY			STATE A		CODE	<b>.</b>
000480194			IS THIS REPORT	OR	AMENC (A)	i	STATE V	DISTRICT	
4. TYPE OF RE	PORT (Choose One)	(b)	12-Day PRE-	Election Repo	ort for the:		<u> </u>	<del></del>	<del></del>
(a) Quarterly R	eports:			Primary (12P)	-	General (1	12G)	Runo	off (12R)
April 15	Quarterly Report (Q1)		n	Convention (		Special (1		<b>:::</b> :3	(
July 15	Quarterly Report (Q2)		ات	(		i opoola. (.	-		
Octobe	r 15 Quarterly Report (	Q3)	Election on	/	D " D /		H	n the State of	
January	31 Year-End Report (	<sup>(E)</sup> (c)	(c) 30-Day <b>POST</b> -Election Report for the:						
				General (30G	)	Runoff (30	OR)	Spec	ial (30S)
Termina	ation Report (TER)		Election on	M M /	D D /	* 1		n the State of	
5. Covering Period	07'0	7 ' D	012	through	03	32	201	2	
I certify that I have a	oxamined this Report of Treasurer	and to the b	est of my kn	owledge and i	belief it is tru	ie, correct and	d complete		
Signature of Treasure	er 🌙	1			D	ate Ö4	] 6 3	Į į	و لم
	false, erroneous, or inc	complete info	mation may	subject the per	son signing t	his Report to t	he penalties	of 2 U.S.	C. §437g.
Office Use Only								FORM ed 02/2003	